U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 2911

3. Name and address of person filing.

DAVID J. CAIVAND

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 04 Through: 12 / 31 / 04

4. Name, file number, and address of labor organization.

Name Production Workers Local Union 148

	Labor Organization File Number 020 902
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 55 Village DRIVE  City Basicing Rioge	Street 130 Central Ave City Jeasey City
City Basicing Rioge	City Jeesey City
State NJ ZIP Code + 4 07920	State NJ J ZIP Code + 4 0 > 3 0 6
5. Position in labor organization.  SECRETARY - TREASURER AND FIS	là Rap
	pouse or minor child directly or indirectly had any of the following interests flusions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, o monetary value from an employer whose employees your organizations.	r derived income or other economic benefit of tion represents or is actively seeking to represent.
Name and address of Employer (including trade name, if any).	7 a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
	1
P.O. Box, Bldg., Room No., if any	75.0
P.O. Box, Bldg., Room No., if any Street	7.b. Amount.
	7.b. Amount.
Street	7.b. Amount,
Street City State ZIP Code + 4	7.b. Amount.
Street  City  State ZIP Code + 4  Sig  15. Signature and verification. The undersigned declares, under penalty of	inature  If Perjury and other applicable penalties of the law, that all of the information bying documents). has been examined by the signatory and is, to the best of the
Street  City  State  ZIP Code + 4  Sig  15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany).	inature  If Perjury and other applicable penalties of the law, that all of the information bying documents), has been examined by the signatory and is, to the best of the

B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or in- dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business ively seeking to represent, or directly to, or otherwise
Name and address of Business (including trade name, if any).  Name	9. Business deals with:
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	a. Labor Organization b. Trust c. Employer
City State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any	11.a. Nature of such dealing.
Street City	Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.
State ZIP Code + 4	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	12.b. Amount.  r parts A and B above) or other thing of value.